



Purchasing Use Only:	
Approval#:	160804

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: <i>DPS Office of Traffic Safety</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Tami Simpson</i>	<i>775.684.4698</i>	<i>tsimpson@dps.state.nv.us</i>

Vendor Information:	
1b	Identify Vendor: <i>Andrew Krajewski, Terry Butler, Carol Montoy, Robert Reichenberg, Glenn Davis</i>
	Contact Name: <i>(see attached 1b)</i>
	Address:
	Telephone Number:
	Email Address:

Type of Waiver Requested – Check the appropriate type:	
1c	Sole or Single Source: <input checked="" type="checkbox"/> <i>X</i>
	Professional Service Exemption:

Contract Information:				
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/> <i>X</i>	No
	Amendment:	#		
	CETS:	#		

Term:			
1e	One (1) Time Purchase:	<input checked="" type="checkbox"/> <i>X</i>	
	Contract:	Start Date: <i>8/1/2016</i>	End Date: <i>11/30/2016</i>

Funding:	
1f	State Appropriated:
	Federal Funds:
	Grant Funds:
	Other (Explain): <i>X Paid from Motorcycle Safety Fees BA 4961 19</i>

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>\$20,000.00</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Every five years the National Highway Traffic Safety Administration (NHTSA) conducts a Motorcycle Safety Program assessment. This assessment is conducted by five (5) individuals (panelists) vetted, certified and chosen by NHTSA according to the NHSTA Program Guide dtd. 4/2014 (Attachment: Page 3 Section 6). These five panelists will provide these services in accordance with the Scope of Work provided by NHSTA and required by the Department of Public Safety.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>These five (5) panelists specialize in various aspects of program development and implementation all throughout the United States. Specific qualifications are listed in the NHTSA Program Guide.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>These panelists were selected by NHTSA to perform the assessment/audit of the State of Nevada's Motorcycle Safety Program based on their specific skill set and knowledge of the program requirements. NHTSA holds a specific certification for this program and its panelist. They have successfully provided the DPS Office of Traffic Safety with these services in the past and they have working knowledge of the specific needs for Nevada's Motorcycle Safety Program.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>This decision was made on guidance and information provided by NHTSA. Their qualifications and experience are nationwide.</i>				

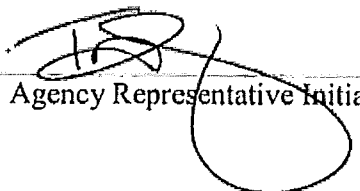
6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.				Yes:	X	No:	
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	2011	2011	\$13, 282.50 + Travel	WNC was sub granted funds to provide these services.				
	2006	2006	\$11,000.00+ Travel	Per retention schedules, we do not have this information				
		\$						

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> <p><i>NHTSA provides the Office of Traffic Safety with over \$4,000,000.00 in grant funding each year, \$30,000.00 of which goes to the Motorcycle Safety Program. In order to stay in good standing with NHTSA and receive grant funds they would need to continue to use NHTSA's specialized panelists. If the waiver is denied the Office of Traffic Safety would need to cancel the Technical Assessment of the Motorcycle Safety Program. Based on the success and level of education provided to the public in the past we would like to continue the relationship and education that is already in place with NHTSA.</i></p>
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8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p> <p><i>NHTSA works closely with every state's Traffic Safety office to improve and make more effective the various behavioral programs they administer. Motorcycle Safety is one of these programs. NHTSA chooses the subject matter experts (contractors/panelists) from around the country based on their expertise. The price for the service by each contractor is set by NHTSA and is on average \$20,000.00 (page 4 section 6)</i></p>
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9	<p>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p> <p>Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/></p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>It is likely, unless another source becomes available, that we will contract with NHTSA in the future.</i></p>
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By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.


Agency Representative Initiating Request

Tami Simpson - MAII

Print Name of Agency Representative Initiating Request

8/22/2016

Date


Signature of Agency Head Authorizing Request

8.22.16

Sheri Brueggemann – Senior Fiscal Officer

Print Name of Agency Head Authorizing Request

8.22.16
Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

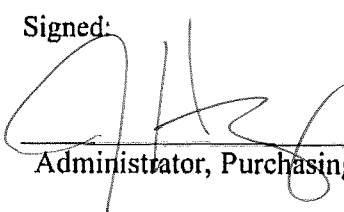
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


Administrator, Purchasing Division or Designee

8.23.2016
Date